

## Registration form for PARA group disability and life insurance plans

### 1. General Information

Complete this form  
and return to:

ADIUM Insurance Services Inc.  
12230 106 Avenue NW  
Edmonton AB T5N 3Z1

Email: [adium@albertadoctors.org](mailto:adium@albertadoctors.org)  
Fax 780.488.7558  
Toll Free Fax 1.877.302.3486

Any questions, contact ADIUM:

T 780.482.0692  
TF 1.888.492.3486

Email: [adium@albertadoctors.org](mailto:adium@albertadoctors.org)  
Website: [www.albertadoctors.org](http://www.albertadoctors.org)

Name of Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Former Maiden Name (if applicable): \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current PGY: \_\_\_\_\_ Program: \_\_\_\_\_

Date Commenced Residency Training: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Male Female

PARA Life Insurance: \$150,000 Coverage      PARA Accidental Death & Dismemberment Insurance: \$150,000 coverage

Full Name of Beneficiary: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

PARA Disability Insurance: The monthly disability insurance benefit is 75% of gross monthly salary.

### 2. Declaration and Authorization

I declare that my answers on this form are true and complete and I understand that concealment, misrepresentation, or false declaration concerning this form will cause this insurance to be void. As a member of the Professional Association of Resident Physicians of Alberta, I understand and agree that this form is void unless I am actively at work in Canada (for at least 25 hours per week) on the date of signing this form.

The Manufacturers Life Insurance Company ("Manulife") can use and exchange with the AMA plan administrator (ADIUM Insurance Services Inc.), information needed for underwriting, administration, and adjudicating claims associated with this insurance coverage. A photocopy of this authorization is as valid as the original.

### 3. Privacy

The Alberta Medical Association (AMA), in its role as administrator of the PARA Group Disability and Life Insurance plans, adheres to all applicable provincial and federal privacy legislations regarding the collection, use, disclosure, retention, and safeguarding of personal information. Compliance with these principles is reviewed regularly and revised as needed. For more information on the AMA's privacy commitment, please refer to our website, [www.albertadoctors.org/privacy/commitment](http://www.albertadoctors.org/privacy/commitment).

Signed at: City \_\_\_\_\_ Province \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_ Signature of Member: \_\_\_\_\_

## Underwritten by The Manufacturers Life Insurance Company (Manulife).

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